

# Work Order ID 91801

October-18-12 1:58:20 PM

**\*91801\***

Page 1

Item ID: 647.1713

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Spacer

Start Date: 18/10/2012 Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals:

Process Plan: ML5

Date: 12-10-18 Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
647.1700	N/C								
110		0.00							
<b>*110*</b>									
Hardinge	Memo	0.00							
Hardinge CNC Lathe Small	TURN AS PER DWG FOLIO REV: <u>N/A</u> DWG REV: <u>N/C</u>  DEBURR			<u>12/11/01</u>		<u>14</u>	<u>0</u>		
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
<b>*120*</b>									
QC	Memo	0.00							
Quality Control				<u>12/11/01</u>		<u>14</u>	<u>0</u>		

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
<b>Landing Gear</b>			<b>General</b>			<b>Grain</b>		<b>Other</b>	
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

# Work Order ID 91801

**\*91801\***

Page 2

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Item ID: 647.1713

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Spacer

Stop

**\*NS2\***

Start Date: 18/10/2012 Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 01/11/2012 Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130 QC8- Inspect parts - second check

0.00

B.A 12/11/01

14

0

DAS  
08  
9-83

**\*130\***

QC

Memo

0.00

Quality Control

PTO  
12.11.01

140 Identify as per dwg & Stock Location: 139B

0.00

**\*140\***

Packaging

Memo

0.00

Packaging

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

143/01/9 (14)

150 QC21- Final Inspection - Work Order Release

0.00

**\*150\***

QC

Memo

0.00

Quality Control

13/11/10

131 - 1554E PO 18336

HARD BLACK PROPIPE

132 \_\_\_\_\_ Crest

12-11-04

143/01/9 (14)

ME  
13-01-09

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: <u>91801</u> Part No. <u>647.1713</u> NCR No. _____	<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b> <table style="width:100%; font-size: small;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	12.11.01	131		Outsource Anodize as per dwg Issue P/O: 16336			13-01-11		
Equip/Tooling		132		Receive + Inspect			13-01-11		
Operator		133		Qc 5			DAS 15-12-11/26		
Material		134		Prime as per dwg Primer Batch: 123693		(14) pcs	AP 12-12-15		
Setup		135		Qc 14		(14)	DAS 12-12-18		
Other									
Process									
Supplier									
Training									
Unapproved									

## FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Picklist Print

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Page 1

Work Order ID: 91801

**\*91801\***

Parent Item: 647.1713

**\*647 1713\***

Parent Item Name: Spacer

Start Date: 18/10/2012

Required Date: 01/11/2012

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV:A 12.10.04 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6R1.250		Purchased	No			110	f	19.8600	0.02	0.252632			

**\*M6061T6R1 250\***

6061-T6 Round Bar 1.250

\*\*

.500'

*SS 12/11/01*

Location

Loc Qty

Loc Code

MAT013

19.86

113457

2.66

*this one* → 113550

17.2

.500'

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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## FIRST ARTICLE INSPECTION CHECKLIST

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

APICAL  
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO.		02937		SHEET 1 OF 1	
DWG NO. 647.1700	REV: NC	PREPARED BY J. JACKSON	DATE: 07/14/10	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
DWG TITLE: SKID DEFLECTOR ASSY					
APPROVED BY: ENGR <i>[Signature]</i>		MFG <i>[Signature]</i>	OR <i>[Signature]</i>	EFF: CURRENT ORDER	
REASON: REVISED F/N 8 AND NOTE <u>3</u> . ADDED INSPECTION DIMENSIONS TO DRAWING VIEWS.					

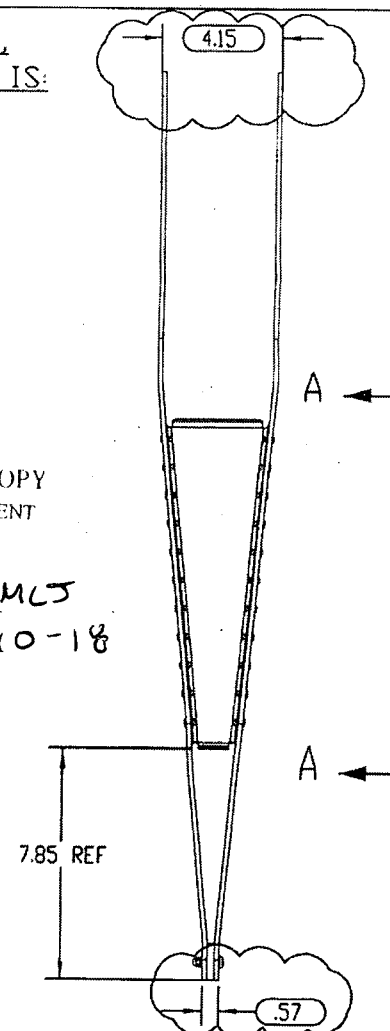
TRANSACTION CODES (TC):  
A-ADD C-CREATE  
R-REVISE D-DELETE

SHEET 1, ZONE A1 IS:

3 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK;  
PRETREAT PRC-DESOTO PR-148 ADHESION PROMOTER, COLOR BLUE;  
PRIME IAW MIL-P-23377J TYPE I CLASS N

SHEET 2,  
ZONE A1 IS:

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 91801 MCT  
12-10-18



8	R	601.1622	1	SCREW	MS27039-1-14 /
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:					DER REVIEW REQUIRED
<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> FMS <input type="checkbox"/> ICA <input checked="" type="checkbox"/> BOM					<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



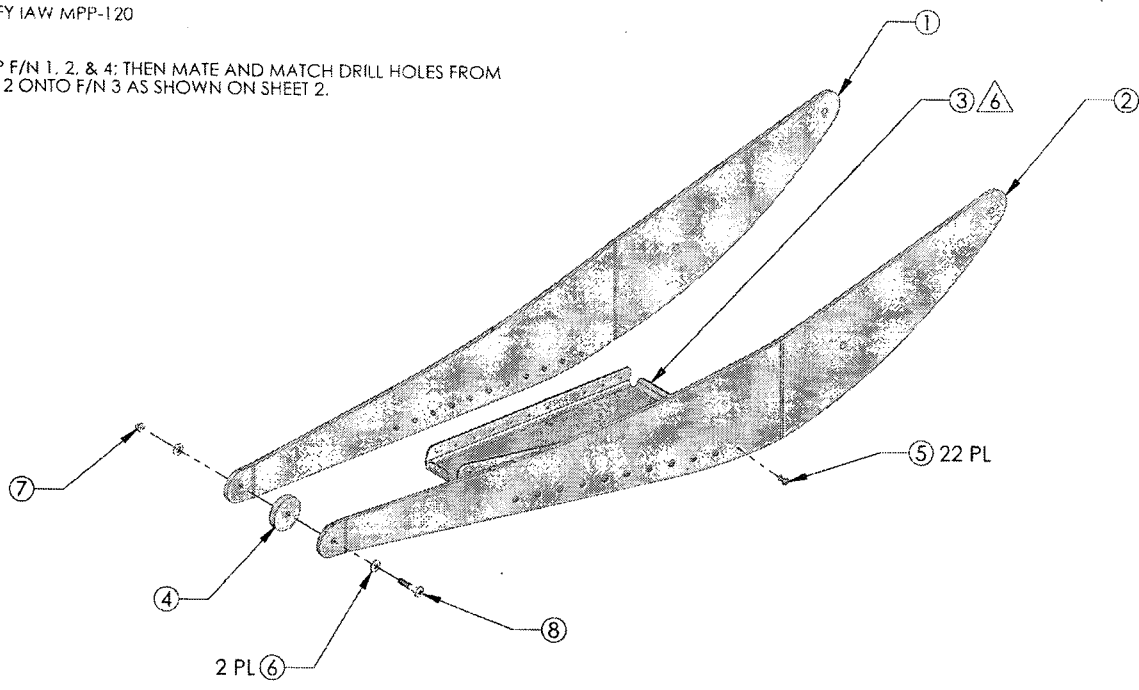
91801

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THE WRITTEN PERMISSION OF APICAL INDUSTRIES. IT IS PROHIBITED.

REV	DESCRIPTION	DATE	APPROVED
1	EXTRUSION ROLLING RPT.		
2	EXTRUSION ROLLING RPT.		

NOTES:

- 1 MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-250/12
- 2 MATERIAL: 6061-T6 ALUMINUM BAR IAW AMS-QQ-A-250/11
- 3 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2,  
COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER;  
PRIME IAW MIL-P-23377J TYPE I CLASS N
- 4 DEBURR AND BREAK ALL SHARP EDGES
- 5 IDENTIFY IAW MPP-120
- 6 CLAMP F/N 1, 2, & 4; THEN MATE AND MATCH DRILL HOLES FROM  
F/N 1 & 2 ONTO F/N 3 AS SHOWN ON SHEET 2.



UNINCORPORATED ECN(S)

02937

QTY	REV	FIN	IND #	PART #	DESCRIPTION	MATL	SPEC.
1	8	601.2637			SCREW	MS2000P-1-13	
1	7	601.2943			LOCKNUT	MS20423-3	
2	6	601.1607			WASHER	FLAS114P0332P	
22	5	601.1915			RIVET	C63213-4-4	
1	4	647.1713			SPACER		
1	3	647.1712			GUSSET		
1	2	647.1711			PLATE		
1	1	647.1710			PLATE		
		647.1701			SKID DEFLECTOR ASSY		
		1701					

QTY	647.1300
NEXT ASSY (S)	

APICAL INDUSTRIES	2608 TEMPLE HEIGHTS DR.	OCEANSIDE, CA, 92056-3512	(760) 724-5300
SKID DEFLECTOR ASSY			

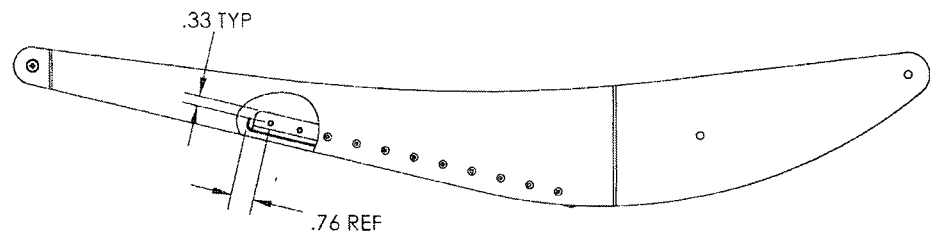
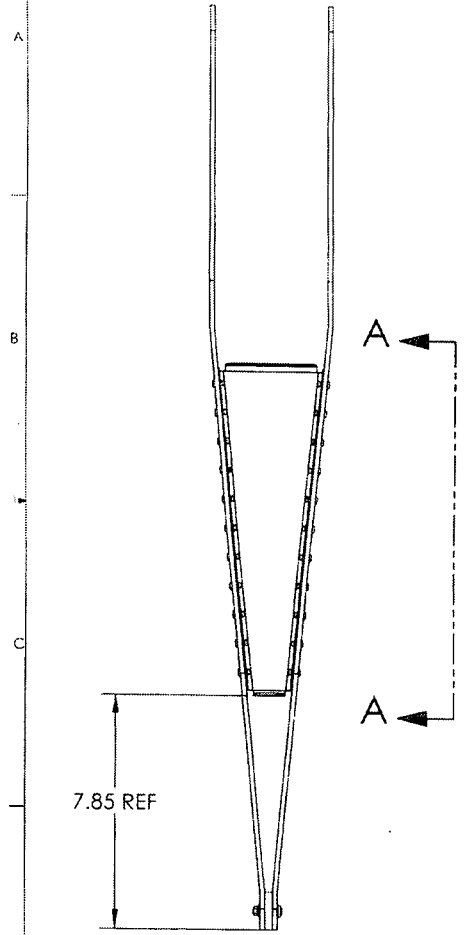
  

UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ±.01 2 PLACE DECIMALS ±.005 1 PLACE DECIMALS ±.01	SCALE: NONE	REV: N/A	SHEET 1 OF 5
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91801

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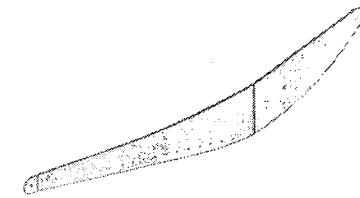
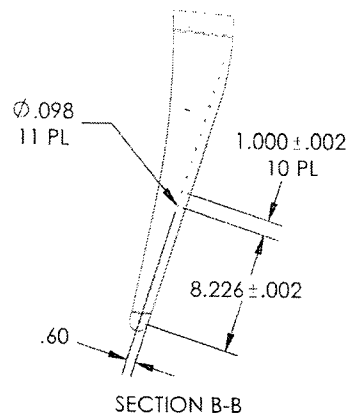
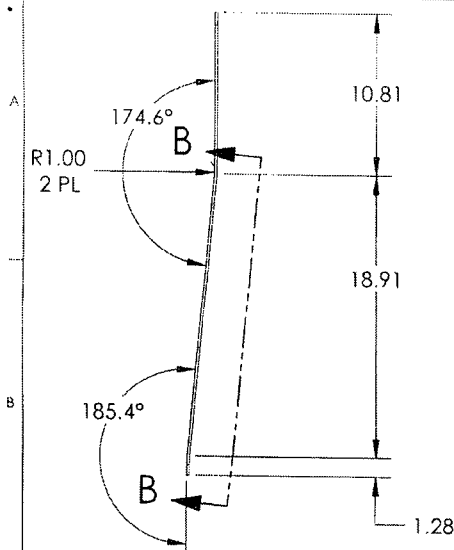
REV	DESCRIPTION	DATE	APPROVED



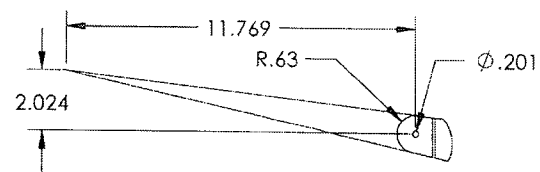
SECTION A-A

ORIGINAL DATE 06/03/09		APICAL INDUSTRIES	
DRAWN BY J. CLARKINER		2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
CHECKED BY P. BRAYCO		SKID DEFLECTOR ASSY	
DRAWING APPROVAL P. BRAYCO		DWG. NO. 647.1700	
CONTRACT NO.		REV	N/C
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACES DECIMALS ± .01 2 PLACES DECIMALS ± .005 ANGLES ± .5°		SCALE: NONE	SHEET 2 OF 5

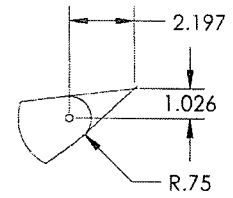
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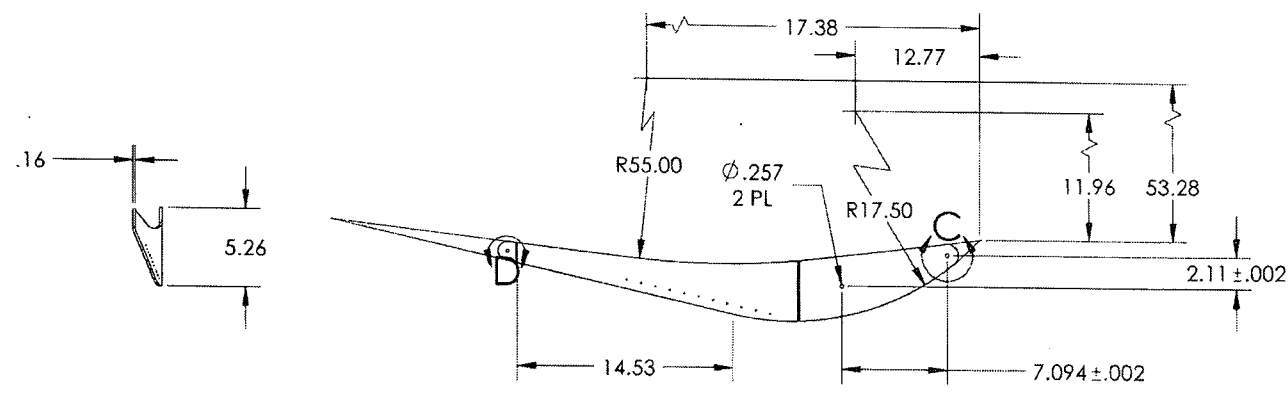
647.1711 SHOWN  
647.1710 OPPOSITE



DETAIL D



DETAIL C

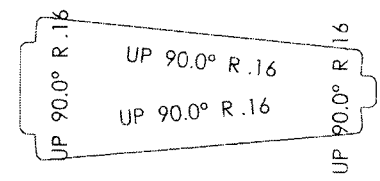
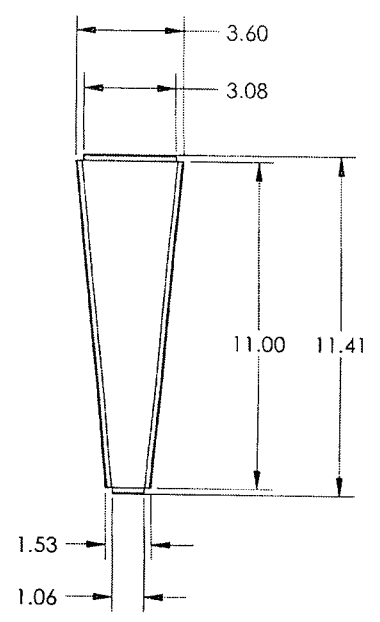


INTERNAL DATE 06/01/00 DRAWN BY 1. GARDNER P. BRAVO CHECKED BY P. BRAVO CONTRACTING		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ± .01 4 PLACE DECIMALS ± .005 ANGLES ± 5°		SKID DEFLECTOR ASSY 647.1700 SCALE: NONE SHEET 3 OF 5	
DATE: 07/12/00 TIME: 10:00 REV: N/C		647.1700 N/C	

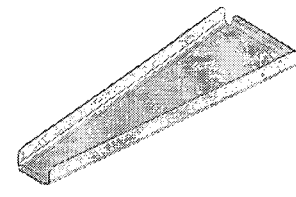
91801

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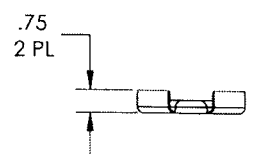
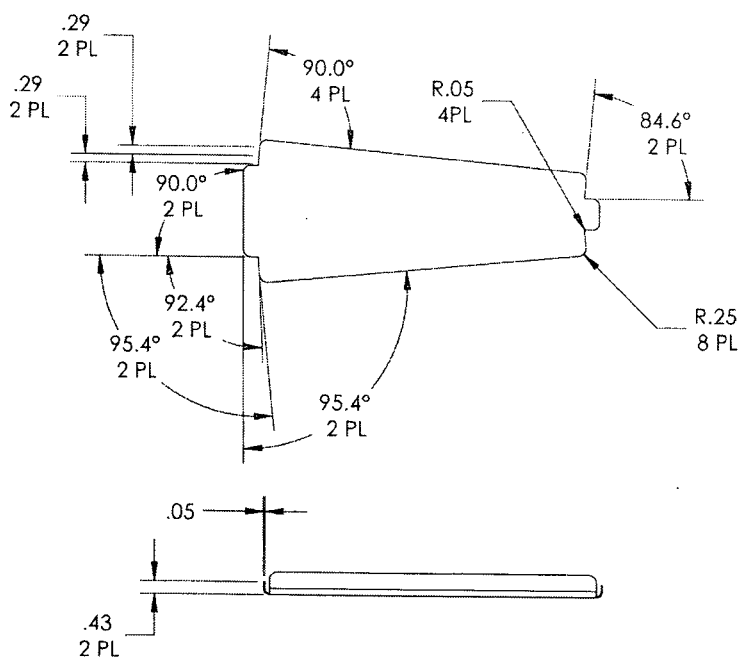
REV.	DESCRIPTION	DATE	APPROVED



FLAT PATTERN



647.1712

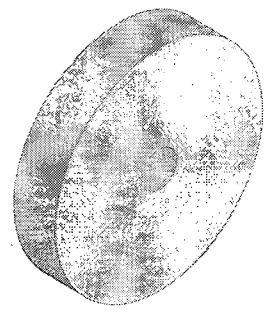
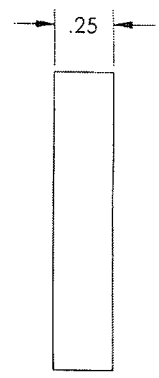


ORIGINAL DATE		APICAL INDUSTRIES	
DRAWN BY: [blank]		2608 TEMPLE HEIGHTS DR.	
CHECKED BY: [blank]		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DESIGNED BY: [blank]		SKID DEFLECTOR ASSY	
DRAWING APPROVAL		SCALE: NONE	SHEET 4 OF 5
CUTTING ACTIVITY		REV. H/C	647.1700
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE FRACTIONS DECIMALS ANGLES		8 07M26	8 07M26

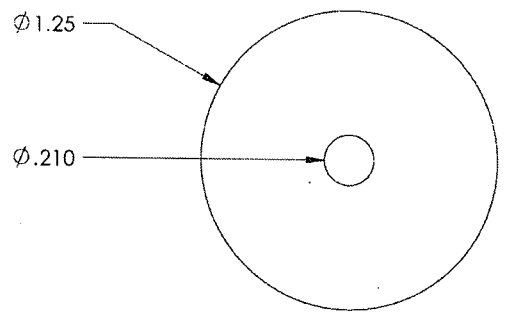
91801

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WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES, OCEANSIDE, CA.

REV	DESCRIPTION	DATE	APPROVED



647.1713



ORIGINAL DATE DATE-CHANGED: 03/04/09		APICAL INDUSTRIES	
DESIGNED BY: J. GARDNER	CHECKED BY: P. BRAVO	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DRAWING APPROVAL		SKID DEFLECTOR ASSY	
CONTRACT NO.		647.1700	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ANGLES		SIZE: B	REV: N/C
		CAGE CODE: 07M26	DATE: 07/26/09
		SCALE: NONE	SHEET: 5 OF 5



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO18338

Purchase Order Date 11/6/2012

PO Print Date 11/19/2012

Page Number 1 of 1

Order From :

VC-ATG001

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

Contact Name

Vendor Phone

613-446-4544

Vendor Fax

613-446-4556

Vendor Account Nbr

Buyer

Brigitte Golden

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	91440	347-0210 Rail	11/14/2012 Yes	46.00	Dart Truck	\$8.8300	\$406.18
2	91801	647.1713 Spacer	11/14/2012 Yes	14.00	Dart Truck	\$8.8300	\$123.62
		Special Inst:	FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625, TYPE III, CLASS 2				
3	92068	647.1612 Splice Plate	11/14/2012 Yes	12.00	Dart Truck	\$8.8300	\$105.96
		Special Inst:	Same as above				

PO Total:

\$635.76

Change Nbr:

2

Change Date: 11/19/2012

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES NO



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62067

Date: 22-Nov-12

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description	Rev:	
1 lot	Part: ASST 46 PCS 347-0210 14 PCS 647.1713 16 PCS 647.1612 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120721	PO: PO18338 Line:	
<p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE : 22/11/12</p> <p>CERTIFIED SIGNATURE : _____</p> <p>RECEIVER SIGNATURE : _____</p>			